

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6511**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **2551**

AGE OF DEATH 74 AND 98 SEX 6	BIRTH NO.		1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Navajo	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2 1/2 mo Life		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Showlow	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 510 N. 42nd St		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) -----			
DECEDENT PERSONAL DATA 162 0 X51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Dellie B. (MIDDLE) C. C. (LAST) Penrod		4. SEX Male		5. COLOR OR RACE White	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH July DAY 22 YEAR 1889		8. AGE YEARS 62 MONTHS 4 DAYS 1	
	9B. KIND OF BUSINESS OR INDUSTRY Ranch		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA	
14A. FATHER'S NAME Delbert A. Penrod		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Merantha Callaway		13. SOCIAL SECURITY NO. 526-32-0881
16. INFORMANT'S SIGNATURE Mrs. Ida Penrod		ADDRESS Showlow, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 23, 1951		
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Polycythemia vera Branchial Cyst DUE TO (c) Carcinoma of prostate II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 11.2.3.51 ? ? ?
	19A. DATE OF OPERATION June 8, 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of prostate			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
PERFORMED BY DEATH DUE TO EXTERNAL VIOLENCE X - -	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 16 , 19 50 TO Nov 11 , 19 51 . THAT I LAST SAW THE DECEASED ALIVE ON Nov 22 , 19 51 . AND THAT DEATH OCCURRED AT 11:05AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Mark W. Allen M.D.		23B. ADDRESS 206 E. Main St. Mesa Ariz		23C. DATE SIGNED 11.24.51	
FUNERAL DIRECTOR AND REGISTRAR 85 2	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 11/26/51		24C. NAME OF CEMETERY OR CREMATORY Pinetop Ariz	
	25A. DATE REC'D BY LOCAL REG. 11/25/51		25B. REGISTRAR'S SIGNATURE Buriah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE L. H. Mortensen	
			27. FUNERAL DIRECTOR'S SIGNATURE L. H. Mortensen		CERT. NO. 261A	